



Commonwealth
of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
GRAFTON, MA
2016 APR 22 AM 10 08

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name: <u>Sargon Hanna</u>
	Residential Address: <u>208 Brigham Hill RD</u>
	City / State / Zip: <u>N. Grafton, MA 01536</u>
	E-Mail Address: <u>Sargon@HannaHoldings.com</u> Phone #: <u>508 864 4891</u>
	Party Affiliation: _____ (If applicable)
OFFICE SOUGHT/PURPOSE:	Title: <u>Selectman</u>
	District: _____

COMMITTEE:	Name of Committee: <u>Sargon Hanna For Selectman</u> (The name of the committee must include the candidate's last name)
	Committee Mailing Address: <u>208 Brigham Hill RD</u>
	City / State / Zip: <u>N. Grafton, MA 01536</u> Phone #: <u>508 864 4891</u>

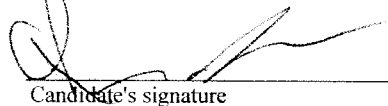
OFFICERS:

Chairman: <u>Sargon Hanna</u>	Treasurer*: <u>Catherine Hanna</u>
Residential Address: <u>208 Brigham Hill RD</u>	Residential Address: <u>208 Brigham Hill RD</u>
City / State / Zip: <u>N. Grafton MA 01536</u>	City / State / Zip: <u>N. Grafton MA 01536</u>
Phone #: <u>508 864 4891</u>	Phone #: <u>774 239 6414</u> Email: <u>CKhachfi@gmail.com</u>
*A public employee may not serve as treasurer of any political committee (see reverse).	
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

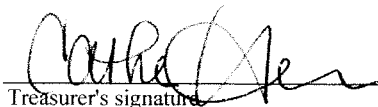
SIGNED UNDER THE PENALTIES OF PERJURY:


Candidate's signature

Date: 4/21/16

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

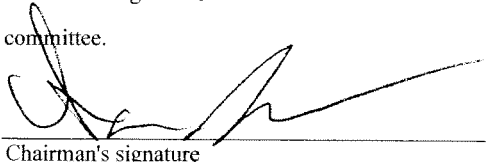
SIGNED UNDER THE PENALTIES OF PERJURY:


Treasurer's signature

Date: 04/21/16

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:


Chairman's signature

Date: 4/21/16